

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

09/889404

SERIAL NO.  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
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7	/					
8	/					
9	/					
10	/	10				
11	10					
12	(4)					
13	(4)					
14	(4)	1				
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TOTAL IND.	1					
TOTAL DEP.	13	→	↓	↓	↓	→
TOTAL CLAIMS	14	████████	████████	████████	████████	████████

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	IND.	DEP.	IND.	DEP.	
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100					
TOTAL IND.		↓		↓	↓
TOTAL DEP.		↓		↓	↓
TOTAL CLAIMS	████████	████████	████████	████████	████████

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS